

**BOWEL CARE SURVEY ADOLESCENT**

PT. CODE # \_\_\_\_\_

Bowel care is defined by

- ◆ the cleaning of the body after a bowel movement
- ◆ changing diapers and/or clothing
- ◆ administration of laxatives, suppositories or enemas
- ◆ digital extraction of stool.

Time and effort spent on Bladder Care should not be included in this survey. Performing bladder catheterization or changing of diapers for urine should not be included.

Please circle or write in appropriate answers.

Section A						
Does anyone else do your bowel care?	YES	NO				
If yes, what is their relationship to you?	Mother	Father	Foster Mom	Foster Dad		
	Other:					
What percent of the bowel care do you do?	<input style="width: 80px;" type="text"/>				%	
Section B						
Please describe your bowel program:						
Do you do this the same time everyday?	YES	NO				
If yes, what time?						
Do you feel/sense the coming of a bowel movement?	YES	NO				
What percentage of the time do you have a bowel movement into the toilet?	<input style="width: 80px;" type="text"/>				%	
How many bowel movements per day do you have?	1	2	3	4	5	more
How many diaper changes per day for bowel movements (not urine)?	1	2	3	4	5	more
How many bowel accidents (not in toilet) per week do you have?	<input style="width: 80px;" type="text"/>					
What techniques do you use to produce bowel movements?	None	Digital Extraction	Sitting on the toilet and pushing			
What oral medicines do you use to produce bowel movements?	None	Mineral Oil	Stool Softener	Fiber	Laxatives	
	Other:					
What rectal medicines do you use to produce bowel movements?	None	Therevac enema	Fleets enema	Tap Water enema	suppository	
	Other:					
How many minutes per day are needed for your bowel care? This includes everything bowel movements, medicines, diaper changes and clean-up.					_____minutes	

Section C		
Do you notice any significant changes in bowel movements with diet?	YES	NO
Are you sensitive to foods in relation to bowel movements?	YES	NO
Do some foods change your bowel movements?	YES	NO
What foods do you try to avoid?		
Have you changed your diet to achieve better bowel care?	YES	NO
If so, what have you done with the diet to improve bowel care?		
Do you have abdominal pain from constipation?	YES	NO
If so, how many episodes per month?	<input type="text"/>	
Have you ever been admitted to a hospital for constipation?	YES	NO
If so, how many times?	<input type="text"/>	

For the following questions, it is important to distinguish bowel care from urine care. We are particularly interested in bowel care for this survey. Please try to exclude your other health issues when answering the questions and please focus on your bowel care.

**Please circle the appropriate answer. If you do not have an answer, please leave it blank.**

Section D.	Never	Almost Never	Some-times	Often	Almost Always
How often does your bowel care prevent you from going out of the house?	0	1	2	3	4
I avoid traveling.	0	1	2	3	4
I am afraid to go out because of stool incontinence.	0	1	2	3	4

Section E	Not At All	Slightly	Moderately	Very Much (A Lot)
My <u>bowel</u> care bothers me.	0	1	2	3
My <u>bladder/urine</u> care bothers me.	0	1	2	3
My bowel problems make me feel depressed.	0	1	2	3
My bowel problems make me feel anxious.	0	1	2	3

<b>Section F</b>	<b>Not At All</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Very Much (A Lot)</b>
My bowel problems affect my relationship with my siblings.	0	1	2	3
My bowel incontinence affects my ability to socialize and meet friends.	0	1	2	3

<b>Section G.</b>	<b>Never</b>	<b>Almost Never</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost Always</b>
I worry about the smell of my stool incontinence.	0	1	2	3	4

<b>Section H</b>					
Are you employed?				YES	NO
If no, does your bowel care prevent you from working?				YES	NO
	<b>Not At All</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Very Much (A Lot)</b>	
If you do work, how much does your bowel care affect your job?	0	1	2	3	
To what extent does your bowel care affect your household tasks?	0	1	2	3	
Excluding your other health issues, does your bowel incontinence affect your physical activities (walking, wheelchair sports, etc.)?	0	1	2	3	

<b>Section I</b>					
Do you feel that you have exhausted all options for reaching stool continence?				YES	NO
	<b>Not At All</b>	<b>Slightly</b>	<b>Moderately</b>	<b>Very Much (A Lot)</b>	
If I was continent of stool, <u>but</u> the <i>urine</i> continence was <i>unchanged</i> , this would change <u>my</u> life.	0	1	2	3	